

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590973.

FILING DATE

27 OCT 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	/	/	/	/		
4	/	/	/	/		
5	/	/	/	/		
6	/	/	/	/		
7	/	/	/	/		
8	/	/	/	/		
9	/	/	/	/		
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13	/	/	/	/		
14	/	/	/	/		
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18	/	/	/	/		
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21	/	/	/	/		
22	/	/	/	/		
23	/	/	/	/		
24	/	/	/	/		
25	/	/	/	/		
26					1	
27						1
28						1
29						1
30						1
31						1
32						1
33						1
34					1	
35						1
36						1
37						1
38						1
39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	23	←	23	←	39	←
TOTAL CLAIMS	25		25		41	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						1
52						1
53						1
54						1
55						1
56						1
57						1
58						1
59						1
60						1
61						1
62						1
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						